

**SCOTT-WHITE REAL ESTATE INSTITUTE
WESTGATE MALL 2ND FLOOR SUITE 201
2285 SCHOENERSVILLE ROAD
BETHLEHEM, PA 18017
PHONE (610) 867-6600 FAX (610) 867-4200**

ENROLLMENT CONTRACT & REGISTRATION FORM

In consideration of the SCOTT-WHITE REAL ESTATE INSTITUTE, herein referred to as the "SCHOOL", accepting me as a student and providing me the instruction in Real Estate as agreed, I agree to pay the required tuition at or prior to the execution of this agreement.

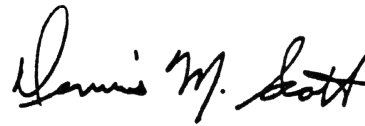
I am aware of the ATTENDANCE POLICY of the "SCHOOL" as imposed by the Real Estate Commission (1-800-822-2113); which requires that I attend at least 80% of the class time (90% for Continuing Education Courses). If I miss more than the permitted time, I understand that I will not be issued an official transcript and it will be my responsibility to arrange to make up any missed time when the course is offered again. I also understand if I fail to make up the missed time within 12 months, that I may be required to pay for and take the course again.

I also understand that if I fail to attend the course that I am registering for that I must request a refund in writing within 10 days of the date hereon and any refund will be subject to a \$50.00 withdrawal fee. I further understand that if I withdraw from the course or I wish to discontinue attending that I must notify the school in writing within 10 days of the last class that I attended and if I am due a prorated refund that it will be subject to a \$50.00 withdraw fee, however there will be no refunds after the 2nd class of a course. If I cancel this registration at least 5 days prior to the start of the course I may transfer tuition to another course or request a refund in writing within 10 days. If I cancel less than 5 days prior to the start of the course I acknowledge that I will not be entitled to any reschedule or refund. NO REFUNDS FOR BOOKS, EXAM PREP COURSE OR DISTANCE EDUCATION COURSES.

The "SCHOOL" shall have the right to discontinue instruction and cancel this agreement at any time for violation of the rules or disruptive conduct during class, or if I should refuse to take the instruction when scheduled. The "SCHOOL" has the right to substitute any study or field work in connection with its courses when changing conditions in the field of study, if the "SCHOOL'S" judgment indicate same.

I agree to hold the "SCHOOL" harmless from any liability as a result of my failure to successfully complete the course or from injuries sustained while in class or on the way to or from the site of the class. I Understand that the "SCHOOL" may at it's sole discretion reschedule class days or times due to inclement weather.

NOTE: THE SCOTT-WHITE REAL ESTATE INSTITUTE is not bound by any oral agreement or representation other than those specified herein. IN WITNESS WHEREOF, I have hereunto set my hand and seal.



SCHOOL DIRECTOR (Authorized Signature)

Complete ALL information as it appears on your driver's license and keep a copy for your records

(PRINT) Name _____	
Home Address _____	City/Zip _____
Home Phone # _____	Cell Phone # _____
E-mail address: _____ Confirmation will be provided by email only	
R. E. License Number: _____ (REQUIRED for Broker Credit & CE / Social Security # for Pre-license)	
Course Name _____	Date _____ AM PM W/E (circle one for pre-licensing)
Course Name _____	Date _____ AM PM W/E (circle one for pre-licensing)
Course Name _____	Date _____
Please charge my credit card in the amount of \$ _____ or Check enclosed in the amount of \$ _____	
<i>Credit Cards cannot be used to pay balance at the first session of class.</i>	
Fill in Credit Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card Expiration Date _____ 3 Digit ID code from back of card _____ or 4 digits on front of Amex	
Signature _____	Date _____

Required for all registrations Please return this entire page!
Please advise us if you have any disabilities that require special accommodation.